# FOR INSTRUCTIONS, SEE BACK OF FORM

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees GN DISCLOSURE BD. for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed. for state office must be filed electronically and eπecuve same y 1, 2013, and statements and reports filed by all committees for state office must be filed oct 30 PM 3: 17

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

Reset Form

	Testa Maria Ma	Water and a second		
COMMITTEE NAME (Must be same as on	Statement of Organization)			
Holland 2013			FORM	
IMPORTANT: Indicate by # type of committee y	rou are reporting for:		DR-2	DISCLOSURE
(1)Statewide/Legislative/Judge Standing for Re	etention Candidate (2) State PAC (3) State Party		Rev. 12/2009)	REPORT
Subdivision Candidate (8) County PAC (9) Cit	didate(6)City Candidate(7)School Board or Other Politic by PAC(10)School Board or Other Political Subdivision PA	C ( F	or Office Use On	
11 ) Local Ballot Issue			omm. # 143	
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)		ogged In	
Jon Holland	na na		canned omputer	and the base of the same of th
Office Sought	District (if Senate or House)		udited	
City Council St-Large	nla			
Late reports are subject to possible civil and cr	iminal penalties. Pursuant to lowa Code sections 68B.32	2A(7) and 68/	A.401(3), the car	ndidate, for a
candidate's committee, and the chairperson, fo	r any other type of committee, is the individual responsit	ole for filing ti	mely and accura	ate reports.
Still De la lace	7			
Mila sumba	319-334-2241 TELEPHONE		10/30/2	THE PARTY OF THE P
SIGNATURE OF PERSON FILING REPOR	TELEPHONE		DATE S	IGNED
IAM FILINGA 10/29/2013	REPORT FOR (1) ELECTIO	N /(2)NON-I	ELECTION YE	AR
(report date)	Indicate b		LLLO HON TE	ru v.
☐CHECK IF AMENDMENT TO REPORT D			mittees, enter Da	to of Floating
			15/2013	ite of Election
Check if this is final (termination) report a	and attach Notice of Dissolution Form DR-3.			, enter County in
(You must continue to file reports i	until a DR-3 is filed.)	which Elect	tion is held (MAMAL)	\
		- 500	( VICIVILLI	1
STATEMENT OF C	ASH ON HAND			
	porting period. (Total of all funds held by the			
	e the same as the cash on hand at the end be zero if this is first report filed.)	\$		99.73
ADD TOTAL MONEY TAKEN IN	THIS PERIOD			
Schedule A: Cash Contributions to	otal (Attach Schedule A) (*also see in-kind below)			98.75
Schedule F: Loans Received total	(Attach Schedule F)			235.45
Schedule H: Total Sales of Campa	aign Property (Attach Schedule H)			Page
(Schedule H applies to 0	Candidates' Committees Only)			
	SUB-TOTAL	\$		633.43
SUBTRACT TOTAL MONEY SPE	NT THIS PERIOD			
Schedule B: Expenditures total (A	ttach Schedule B) (**also see debts and loans below	)	1,7	249,45
Schedule F: Loan Repayments to	tal (Attach Schedule F)			
CASH ON HAND at the end of this reporting	period (if final report balance must be zero)	\$	38	3.98
**UNPAID BILLS (From Schedule D - Attacl	n Schedule D)	S		
	e E - Attach Schedule E)			-
	F - Attach Schedule F)		1	647.27
CONSULTANT BREAKDOWN (Schedule G	411 1 101		The second secon	NO
CANDIDATE COMMITTEES ONLY:	Attached?) In (w		1.00	,,,,
VALUE OF CAMPAIGN PROPERTY (From	Schedule H - Attach Schedule H)	\$		-
	d campaign account bank statement in January of ea			
Cubinit a reconcilet	a company in account paint statement in January of ea	GII yedi.		

# For Instructions, See Back of Form

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CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	l-material and the second seco	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF NDING FORM

SCHEDULE

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/18/13	ID# CK#	Daryla Barbara Roberts 1993 Three Elms Park Road Independence, 1000a Sobay	nla	\$ 50,00	
10[18]13	ID# CK#	Curtis martin 1613 200 Street Sw independence, 114 SOBUY	41 la	SD. 00	
10121113	ID# CK#	mitchell a marnite Bournett 2148 Double L Drive Indipendence, 114 Stray	mla	48,75	
10/26/13	ID# CK#	Birran and Jennifer Eddy 903 Rebecca Court NE Independence, 14 SDbayy	nla	150. <sup>00</sup>	
	ID# CK#				
	ID#				
	ID# CK#				
			SUB-TOTAL	· ·	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of (for Schedule A)

TOTAL (if last page of this schedule)

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## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B MONETARY
EXPENDITURES

CHECK THIS BOX IF
AMENDING FORM

	land 2013	same as on Statement of Organization)		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10 22 13	ID# CK#	Independence light a Power Telecommunication 700 th Arence NE. Independence, 117 SURVY	advertising	\$ 14.00
10/15/13	ID# CK#	Signs - more 119 1st street East Independence, 14 Solo44	yand signs	1.235.45
	ID# CK#	•		
	ID# CK#			
			SUB-TOTAL  TOTAL (if last page of this schedule)	\$ 1,249.45

THIS	BOX	APPL	IES TO	CANDID	ATES'	COMMITTEES	SONLY:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Holland 7	st be same as on Statement of Organization) 한년국		(Rev. 02/08) REG
	FROM LAST REPORTING PERIOD \$		CHECK THIS AMENDING FO
TI- MONETARY LO	DANS RECEIVED <u>THIS</u> REPORTING PERIOD of loan, such as a bank, must be shown if a third par		idate's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	AMOUNT OF LOA
10/15/13/11	on Holland 17 3rd Avenue NE nacpendence, 14 SDG44	Seif	1.235.45
1			
T II - MONETARY L (Loans forgiver	OAN REPAYMENTS MADE THIS REPORTING PER	TOTAL (PART I) RIOD pns.)	\$ 1235.45
T II - MONETARY L (Loans forgiver DATE PAID MM/DD/YR)	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PER In must be reported on Schedule E In-kind Contribut NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	NOD	AMOUNT REPAID
DATE PAID	n must be reported on Schedule E In-kind Contribut	RIOD  Ons.)  RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	n must be reported on Schedule E In-kind Contribut	RIOD  Ons.)  RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	n must be reported on Schedule E In-kind Contribut	RIOD  Ons.)  RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	n must be reported on Schedule E In-kind Contribut	RIOD  Ons.)  RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT REPAID
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RIOD  Ons.)  RELATIONSHIP TO	AMOUNT REPAID